TRANSMITTAL Fi

Application Number	10/730,162
Filing Date	12/8/2003
First Named Inventor	Yushi Ono
Art Unit	2837
Examiner Name	Jeremy Austin Luks
A44	4444 000065

(to be used for all correspondence after initial filing)

Total Number of Pages	in This Submission	14	Attorney Dock	et Number	4444 - 03	2065			
ENCLOSURES (check all that apply)									
Fee Transmittal F			Drawing(s)	<u> </u>		After Allowance communication o TC			
Fee Attache	ed		Licensing-related	Papers		ppeal Communication to Board f Appeals and Interferences			
Amendment / Rep	oly		Petition			Appeal Communication to TC Appeal Notice, Brief, Reply Brief)			
After Final			Petition to conver Provisional Appli			roprietary Information			
Affidavits/o	declaration(s)	Power of Attorney, Revocation Change of Correspondence Address			s	tatus Letter			
Extension of Tim	e Request	Terminal Disclaimer				Other Enclosure(s) (please lentify below):			
Express Abandon	ment Request	Request for Refund							
Information Disc	losure Statement		CD, Number of C	CD(s)					
			Landscape T	able on CD					
Certified Copy of Document(s)	Certified Copy of Priority Document(s) Remarks								
Reply to Missing Incomplete Appli	Reply to Missing Parts/								
Reply to M	issing Parts								
Under 37 CFR 1.52 or 1.53									
The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No. 23-0650.									
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm Name The Webb Law Firm									
Signature Sart & Baldans									
Printed Name Kent E. Baldauf									
Date	February 25, 2009 Reg. No.			25826					
CERTIFICATE OF TRANSMISSION / MAILING									
I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:									
Signature Linda (Light									
Typed or printed name Linda C. Seger					Date	February 25, 2009			

Effective on 12/0	8/2004		<u> </u>		Control of the State of the Sta					
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known						
FEE TRANSMITTAL			App	Application Number 10/730,1		62				
For FY 2009			Filin	ng Date	12/8/2003					
	UU J		First	First Named Inventor Yushi C						
Applicant claims small entity status. See 37 CFR 1.27						Austin Luks				
			Art		2837					
TOTAL AMOUNT OF PAYMENT (\$) 492				rney Docket	4444 - 0	32065				
METHOD OF PAYMENT (check	all that apply)									
Check Credit Card Money Order Other (please identify):										
Deposit Account Deposit Acc	ount Number:	23-0	650	Deposit Account	Name: The	e Webb Law Firm				
For the above-identified de	posit account	, the Director	r is hereb	y authorized to: (ch	eck all that	apply)				
Charge fee(s) indica				Charge fee	(s) indicated	below, except for the	filing fee			
Charge any addition under 37 CFR 1.16 a		lerpayments o	of fee(s)	✓ Credit any	overpayment	ts				
WARNING: Information on this form may information and authorization on PTO-2038		Credit card info	ormation sh	ould not be included on	this form. Pr	ovide credit card				
FEE CALCULATION (All the fees	below are du	ıe upon filin	g or may	be subject to a su	rcharge.)					
1. BASIC FILING, SEARCH, AN										
FILING		SEARC		EXAMINA						
Application Type Fee (\$)	nall Entity Fee (\$)	Fee (\$)	mall Entit Fee (\$)	y <u>Si</u> Fee (\$)	mall Entity Fee (\$)	Fees P	aid (\$)			
Utility 330	82	540	270	220	110					
Design 220	110	100	50	140	70	***************************************	································			
Plant 220	110	330	165	170	85					
Reissue 330	165	540	270	650	325	***************************************				
Provisional 220	110	0	0	0	0					
2. EXCESS CLAIM FEES							Small Entity			
Fee Description						Fee (\$)	Fee (\$)			
Each claim over 20 (including Reiss	ues)					52	26			
Each independent claim over 3 (including Reissues)						220	110			
Multiple dependent claims			(0)	F . D . I . (0)		390	195			
Total Claims - 20 or HP 21 - 20	Extra Clair		<u>e (\$)</u> 52 =	<u>Fee Paid (\$)</u> = 52			pendent Claims			
HP = highest number of total claims paid	for, if greater th		-			<u>Fee (\$)</u>	Fee Paid (\$)			
Indep. Claims -3 or HP	Extra Clai		ee (\$)	Fee Paid (\$)		***************************************	WATER CONTROL OF THE PARTY OF T			
HP = highest number of independent cla	= 2		20=	= 440						
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof.										
See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge):										
SUBMITTED BY										
Communication of the second second second second desired the second seco	TE BO	rlelan		Registration No. (Attorney/Agent)	25826	Telephone 41	2-471-8815			
Name (Print/Type) Kent E. Baldauf				Date February 25, 2009						